

**SECTION 1: EMERGENCY INFORMATION: PLEASE PRINT LEGIBLY**

Last Name	First Name	MI
Permanent Address	SS#	Student ID#
City, State, Zip	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Emergency Contact Name:		Relationship:
Home Phone ( )	Work Phone ( )	Cell Phone ( )

**SECTION 2: HEALTH INSURANCE INFORMATION**

Policy Holder Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

SS# \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Insurance Company  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Plan / Policy Number(s): \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Is your insurance policy an HMO? YES  NO

HMO Primary Care Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

By providing proof of health insurance, you are indicating:

- 1) Your coverage is comparable or better than The University of Northwestern Ohio Student Health Insurance.
- 2) Your coverage will remain in effect throughout your entire sport season and cover athletically related injuries and illnesses.
- 3) If your insurance information changes, you will notify Athletic Training Services immediately.

**PLEASE PROVIDE A PHOTOCOPY OF BOTH THE FRONT AND BACK OF  
YOUR INSURANCE CARD ONLY IN THE SPACES PROVIDED BELOW.  
DO NOT ATTACH A SEPARATE COPY OF YOUR CARD TO THESE FORMS**

**FRONT OF INSURANCE CARD  
(Attach here only)**

**BACK OF INSURANCE CARD  
(Attach here only)**

